



STATE OF DELAWARE
Consent to Release Criminal History and Child Protection Registry Information

- Type or print clearly in ink.
- Mail or fax request to: DSCYF, Criminal History Unit, 1825 Faulkland Road, Wilmington, DE 19805
- Fax Number: 302-633-5191
- Applications that are incomplete or illegible will be returned unprocessed.
- If you have questions call 302-892-5800.

DSCYF USE ONLY
Date Received

SECTION I - APPLICANT INFORMATION

Name: _____
Last First Middle

Maiden, Previous Married Name(s), Alias: _____

Social Security # _____ - _____ - _____ Date of Birth: ____ / ____ / ____ Sex: _____ Race: _____
mm dd yyyy

DE Driver's License # _____ Daytime Phone # (____) _____

Address: _____
Street City State Zip

Have you ever been involved in a substantiated case of child abuse or neglect? [] Yes [] No

If Yes, explain: _____

Have you ever been convicted or adjudicated of a crime? [] Yes [] No If yes, list all prior convictions and adjudications.

<u>Offense</u>	<u>Date</u>	<u>City / State</u>	<u>Disposition</u>

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the requesting agency with any criminal record and child abuse or neglect information concerning me. I understand that the information acquired through this process and any subsequent criminal involvement or cases of child abuse or neglect will be used to determine my suitability for working with children.

Signature: _____ Date: _____

SECTION II - REQUESTING FACILITY INFORMATION (Child Care Facility Must Complete This Section)

Requesting Facility Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone #: () _____ Fax #: () _____ Contact Person: _____

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Child Protection Registry Record [] Yes [] No Date ____/____/____ Initial ____

Criminal History Record [] Yes [] No Date ____/____/____ Initial ____